

# Career Exploration Summer Program Application

HOW ELSE CAN WE HELP YOU? ( Please check all that apply)

**I need**

- ☐ Help finding work / Job referrals
- ☐ Information about Unemployment Insurance (UI)
- ☐ Information about services for job seekers with disabilities
- ☐ Help finding a new career that fits my skills and interest
- ☐ Vocational /Occupational training
- ☐ Job search skills (resume writing, how to look for work, interviewing, keeping the job, etc.)
- ☐ Information about education (GED, high school completion, college)
- ☐ Computer Classes
- ☐ To improve my basic skills (reading, math)
- ☐ To learn English
- ☐ Information about Youth Services
- ☐ referral to other services (child care, transportation, housing, legal, counseling, etc)
- ☐ other: \_\_\_\_\_

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>SOCIAL SECURITY #:</b>		<b>TODAY'S DATE:</b>	
<b>Address:</b>	<b>STREET:</b>		
	<b>CITY/STATE:</b>		<b>ZIP:</b>
<b>Mailing Address:</b>	<b>STREET:</b>		
	<b>CITY/STATE:</b>		<b>ZIP:</b>
<b>Day Phone:</b>		<b>Alt. Phone:</b>	
<b>E-Mail Address:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth:</b>	<b>Prior Career Exploration Participation?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ETHNICITY:</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic		
	<input type="checkbox"/> Black-not Hispanic <input type="checkbox"/> White-not Hispanic <input type="checkbox"/> Other		
	<input type="checkbox"/> Asian <input type="checkbox"/> Decline to Answer		
<b>EDUCATION STATUS:</b>		<b>Are you currently enrolled in school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Highest grade completed:</b> _____	
<b>Diploma/Degree Earned:</b>		<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> College Degree	
<b>Degrees, licenses, or other credentials you hold:</b> _____			
<b>EMPLOYMENT STATUS:</b>		<b>Are you currently working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If no, what kind of work or occupation are you looking for? Please select as many Occupation Industries that apply.</b>			
<input type="checkbox"/> Administrative & Support	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Scientific, & Technical Services	
<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Transportation & Warehousing	
<input type="checkbox"/> Construction	<input type="checkbox"/> Legal	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Entrepreneurship/Business	<input type="checkbox"/> Public Administration		
<input type="checkbox"/> Engineering	<input type="checkbox"/> Real Estate & Rental & Leasing		
<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Retail Trade		
<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Security/Law Enforcement		

**ADDITIONAL INFORMATION**

Veteran of the U.S. Military ☐ Yes ☐ No  
Current or former Foster Youth ☐ Yes ☐ No  
Refugee/Asylee ☐ Yes ☐ No  
Homeless ☐ Yes ☐ No  
Receiving Public Assistance  
(GA, TANF, Food Stamps, RCA, SSI) ☐ Yes ☐ No  
Permanent Alien #: \_\_\_\_\_

Pregnant or nursing ☐ Yes ☐ No  
Ex-Offender ☐ Yes ☐ No  
Migrant/seasonal farm worker ☐ Yes ☐ No  
Person with a disability ☐ Yes ☐ No  
Receiving Unemployment ☐ Yes ☐ No  
Received Unemployment  
within past 12 months ☐ Yes ☐ No

By signing below, I acknowledge that I have received copies of: 1) Customer Bill of Rights 2) Grievance procedure and; 3) Code of Conduct. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Guardian Name** \_\_\_\_\_  
**Parent/Guardian Email** \_\_\_\_\_ **Parent/Guardian Phone** \_\_\_\_\_

**EMERGENCY CONTACT**

**Full Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**\*\*\*FOR OFFICIAL USE ONLY\*\*\***

Right-to-Work Documents Viewed: \_\_\_\_\_ Staff Initials \_\_\_\_\_  
StateID Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

**-CUSTOMER REFERRAL / ACTION PLAN-****TALENT DEVELOPMENT**

Workforce Intelligence  
Computer Literacy  
Career Assessment  
In-depth Skills Assessment  
Career / Technical Education  
Vocational Training  
On-line Training / Distance learning  
Tuition Assistance  
Subsidized Employment  
Support Services  
Pre - Employment Skills  
Basic Skills  
Soft Skills

**TALENT MARKETING**

Workforce Intelligence  
Resume Assistance  
Interviewing Assistance  
Job matching / Referrals  
Pre-screening / Referrals  
Job Fairs  
Employment Networking  
Job Coaching / Career Counseling  
Employer Orientations / Interviews